

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			1-17-01
FORMALITY REVIEW	H.S.	866	01.31.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	10.13.01
2	✓	✓	10.13.01
3	✓	✓	10.13.01
4	✓	✓	10.13.01
5	✓	✓	10.13.01
6	✓	✓	10.13.01
7	✓	✓	10.13.01
8	✓	✓	10.13.01
9	✓	✓	10.13.01
10	✓	✓	10.13.01
11	✓	✓	10.13.01
12	✓	✓	10.13.01
13	✓	✓	10.13.01
14	✓	✓	10.13.01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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